K110800

SEP 2 7 2011

5. 510(k) Summary

General Information

Date Compiled September 21, 2011

Classification Class II, 21 CFR § 888.3040, Smooth or threaded metallic bone fixation fastener.

Product code MBI

Trade Name Meta-Lock™ Suture Anchor System

Submitter Tarsus Medical, Inc. 465 Fairchild Drive

Suite 230

Mountain View, CA 94043

Contact Nicholas Mourlas

President and CEO Tel: (650) 237-0070 Fax: (650) 237-0071

Intended Use

The Tarsus Medical Meta-Lock Suture Anchor System is intended for fixation of suture to bone for the indications listed below:

SHOULDER: Bankart repair, SLAP lesion repair, acromio-clavicular separation, rotator cuff repair,

capsule shift/capsulo-labral reconstruction, biceps tenodesis, Deltoid repair

ANKLE: Lateral instability, medial instability, achilles tendon repair/reconstruction, Midfoot

reconstructions

FOOT: Hallux valgus reconstruction

WRIST: Scapholunate ligament

HAND: Ulnar or lateral collateral ligament reconstruction

ELBOW: Biceps tendon reattachment

KNEE: Extra capsular repairs; reattachment of: medial collateral ligament, lateral collateral

ligament, posterior oblique ligament or joint capsule to tibia and joint capsule closure to anterior proximal tibia; extra capsular reconstruction, ITB tendonesis; patellar

ligament and tendon avulsions.

Predicate Device

GII QuickAnchor Plus

K051989

Manufactured by Depuy Mitek

Device Description

The Meta-LockTM Suture Anchor System is a suture anchor used for the reattachment of soft tissue to bone.

Materials

The Meta-Lock is comprised of Commercially Pure Titanium (Grade 2) conforming to ASTM F67-06, Stainless Steel (Biodur 108 Alloy) conforming to ASTM F2229, and polyester suture.

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Testing

The non-clinical tests performed by the company include anchor tensile testing, system tensile testing, cyclic testing, magnetic resonance (MR) testing, galvanic corrosion testing, simulated movement testing, and simulated use testing. The test results demonstrate that the Meta-Lock is substantially equivalent to the legally marketed predicate device.

Summary of Substantial Equivalence

Tarsus Medical, Inc. believes the Meta-Lock Suture Anchor System is substantially equivalent to the predicate product. The intended use, method of operation, methods of construction and materials used, are either identical or substantially equivalent to the existing legally marketed predicate product.

DEPARTMENT OF HEALTH & HUMAN SERVICES



Food and Drug Administration 10903 New Hampshire Avenue Document Mail Center - WO66-G609 Silver Spring, MD 20993-0002

Tarsus Medical, Inc. % Nicholas Mourlas 465 Fairchild Drive, Suite 230 Mountain View, CA 94043

SEP 27 2011

Re: K110800

Trade/Device Name: Meta-Lock™ Suture Anchor System

Regulation Number: 21 CFR 888.3040

Regulation Name: Smooth or threaded metallic bone fixation fastener

Regulatory Class: II Product Code: MBI Dated: August 16th, 2011 Received: August 17th, 2011

Dear Dr. Mourlas:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you, however, that device labeling must be truthful and not misleading.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050. If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please go to http://www.fda.gov/AboutFDA/CentersOffices/CDRH/CDRHOffices/ucm115809.htm for the Center for Devices and Radiological Health's (CDRH's) Office of Compliance. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to

http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm.

Sincerely yours.

-∕S∕Mark N. Melkerson

Director

Division of Surgical, Orthopedic and Restorative Devices Office of Device Evaluation Center for Devices and Radiological Health

Enclosure

4. Indications for Use Statement

510(k) Number (if known):

This application

K110800

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Prescription Use X (Per 21 CFR 801 Subpart D) AND/OR

Over-The-Counter Use (Per 21 CFR 801 Subpart C)

PLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)

(Division Sign-Off)

Division of Surgical, Orthopedic, and Restorative Devices

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510(k) Number K 110800